CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
GILES S. PORTER, M.D., Director

Weekly Bulletin

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Diphtheria, Typhoid Fever and Smallpox in California

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Among the preventable diseases, diphtheria, smallpox and typhoid fever are generally regarded as most amenable to reduction through the application of preventive measures. For many years health officers have directed their activities intensively toward the control of these diseases. The success in the control of diphtheria and typhoid fever in California is conspicuous. Because of the fact that vaccination against smallpox is not a popular procedure among the general population, similar results have not been obtained in the control of this disease. The following resume of the statistics of these three diseases during a long period of years indicates the accomplishments that have been achieved as well as the failures in their control.

DIPHTHERIA

The diphtheria case rate and death rate for 1930 are the lowest on record for California—the case rate was 53.6 and the death rate 3.4 per 100,000 population. These rates are based on the 1930 census returns. This is a marked reduction from 1921, when the case rate was 252.0 and the death rate 17.1 per 100,000 population. While this decrease is influenced, no doubt, by biological factors over which there is no control, it is certain that the more extensive use of measures providing for immunization of children against this disease has played an important part in its reduced prevalence and reduced mortality. The variations in the prevalence of diphtheria are undoubtedly due to the epidemiological cycles which characterize the incidence of diphtheria. It must be understood, however, that organized work in diphtheria immunization has been carried on consistently over a period of several years in many communities of California and it can be stated conservatively that a sufficient amount of this sort of work has been accomplished to decidedly affect the prevalence of the disease.

More work in providing immunization against diphtheria is being done in the rural districts of the State than in the urban districts, although the incidence of diphtheria is greater in urban communities than in rural communities. For these reasons it is not easy to determine the exact degree to which immunization has affected the prevalence of the disease. At all events, the morbidity and mortality of diphtheria in California has been reduced to its lowest status in history and there is every reason to believe that with the intensive use of immunization procedures, continually and consistently, this disease may be plaaed under definite control.

A large number of health departments, clinics and health centers throughout the State are carrying on this work consistently and a large number of physicians have adopted the practice of immunizing, against diphtheria, all children among their private patients.

Unfortunately, there is no way of determining how many such children have been immunized by practicing physicians, but the total is without doubt very large.

Diphtheria—California

Year	Cases	Case rate*	Deaths	Death rate*	Fatality rate
1906	----	----	244	13.0	----
1907	----	----	380	19.0	----
1908	----	----	391	17.6	----
1909	----	----	248	10.7	----
1910	----	----	218	9.1	----
1911	----	----	167	6.7	----
1912	----	----	158	6.0	----
1913†	1,659	60.9	186	6.8	11.21
1914	2,679	94.6	268	9.5	10.00
1915	3,660	124.5	310	10.5	8.47
1916	3,202	105.0	290	9.5	9.06
1917	2,575	81.6	207	6.5	8.04
1918	3,090	94.6	213	6.5	6.83
1919	3,037	90.0	266	7.9	8.76
1920	5,793	163.8	451	12.8	7.79
1921	9,464	252.0	644	17.1	6.80
1922	8,709	219.1	599	15.1	6.88
1923	9,532	227.2	640	15.3	6.71
1924	11,109	251.6	695	15.7	6.25
1925	5,575	120.3	266	5.7	4.77
1926	6,129	126.3	291	6.0	4.75
1927	6,412	126.4	306	6.0	4.77
1928	4,741	89.6	273	5.2	5.76
1929	3,022	54.8	185	3.4	6.12
1930	3,071	53.6	191	3.4	6.22

* Per 100,000 population. Rates for period prior to 1920 determined with population corrected to midyear on basis of 1910–1920 census figures; rates for period since 1920 corrected to midyear on basis 1920–1930 census figures.

† Morbidity records since 1913 only.

TYPHOID FEVER

There were but 98 deaths from typhoid fever in California in 1930 among a total of 743 reported cases. The death rate for 1930 was but 1.7 per 100,000 population. The downward trend in typhoid fever mortality has been quite consistent during the past 25 years and during the last decade the decrease has been almost spectacular. In fact, the typhoid death rate has now become so low that a single outbreak of this disease may constitute a decided factor in marring the excellent record that has been achieved. Outbreaks of typhoid fever due to the use of contaminated water supplies seldom occur in this State, but occasionally an outbreak of milk-borne typhoid fever occurs. The general purity of public water supplies constitutes a tremendous factor in the low typhoid fever death rate. Because the disease has been brought so near the vanishing point the exercise of preventive measures, at all times, becomes of even greater importance. Continual vigilance will enable California to maintain this record indefinitely. To be sure, there are other factors which have to do with the production of this low death rate. The improvement in general sanitation, including better methods for the handling of food supplies, undoubtedly has a distinct bearing upon making this reduced rate. Immunization of individuals against the disease is another factor which must be considered, as well as improvement in all matters that affect the sanitation of the environment.

Typhoid Fever—California

Year	Cases	Case rate*	Deaths	Death rate*	Fatality rate
1906	----	----	657	34.9	----
1907	----	----	558	27.9	----
1908	----	----	540	24.4	----
1909	----	----	461	20.0	----
1910	----	----	477	19.9	----
1911	----	----	444	17.7	----
1912	----	----	416	15.9	----
1913†	1,484	54.5	436	16.0	29.4
1914	1,810	63.9	376	13.3	20.8
1915	1,126	38.3	276	9.4	24.5
1916	1,205	39.5	208	6.8	17.2
1917	1,418	44.9	225	7.1	15.8
1918	1,049	32.1	197	6.0	18.8
1919	964	28.6	185	5.5	19.2
1920	1,159	32.8	172	4.9	14.9
1921	953	25.4	147	3.9	15.4
1922	970	24.4	169	4.3	16.5
1923	886	21.1	152	3.6	17.2
1924	1,777	40.3	219	5.0	12.3
1925	853	18.4	117	2.5	13.7
1926	1,022	21.1	113	2.3	11.0
1927	683	13.5	103	2.0	15.8
1928	689	13.0	105	2.0	15.3
1929	613	11.1	93	1.7	15.2
1930	743	13.0	98	1.7	13.2

* Per 100,000 population. Rates for period prior to 1920 determined with population corrected to midyear on basis of 1910–1920 census figures; rates for period since 1920 corrected to midyear on basis 1920–1930 census figures.

† Morbidity records since 1913 only.

SMALLPOX

During the years 1920–1930 no less than 39,154 cases of smallpox were reported to the California State Department of Public Health. Vaccination histories for all but 542 of these cases were obtained. There is significance in the fact that of the 38,612 individuals who contracted this disease and for whom histories were obtained, 93.63 per cent had never been vaccinated; 2126 such individuals (5.50%) had been vaccinated more than seven years before the onsets of their cases; and 334 (0.86%) had been vaccinated within seven years preceding their attacks of the disease.

Control of smallpox lies entirely in the successful vaccination of individuals. All persons who have not been vaccinated successfully are liable to contract the disease. According to the prevailing policy, responsibility for immunization against smallpox rests upon the individual as an individual. Whenever an outbreak of smallpox occurs within California free vaccination is offered to all individuals who may desire it. It is regarded generally, however, that the liability to contract smallpox rests upon the choice of the individual as to whether he desires to be vaccinated or not. The responsibility for the vaccination of children, therefore, rests largely upon the parents. Vaccination is offered extensively in health centers and children's health conferences. Many health officers also provide it as a routine measure in the administration of their departments.

There were but 2 deaths from smallpox in 1928 and 10 deaths from the disease occurred in 1929. As a rule, the smallpox death rate is very low but occasionally, when an extremely virulent strain of the disease occurs, the death rate in a single outbreak in the community may be very high. This has been the experience in California when extremely virulent strains have been brought into the State both from Mexico and the Orient. The disease will never be brought under definite control until such time as the majority of people voluntarily secure the protection that is offered by vaccination.

Vaccination Histories for Cases of Smallpox—California

Year	*Vaccinated within 7 years*	*Vaccinated over 7 years*	*Never vacci-nated*	*History unobtain-able*	*Total cases reported*
1920	36	301	3,889	266	4,492
1921	47	340	5,108	84	5,579
1922	30	131	1,952	16	2,129
1923	27	91	1,906	2	2,026
1924	57	356	8,978	54	9,445
1925	31	233	4,636	21	4,921
1926	26	285	2,454	29	2,794
1927	13	61	907	3	984
1928	16	74	1,084	2	1,176
1929	24	103	2,307	35	2,469
1930	27	151	2,931	30	3,139
Totals	334	2,126	36,152	542	39,154

1920–1930 inclusive (cases with histories), 38,612.

Vaccinated within 7 years 334 cases or 0.86%
Vaccinated over 7 years 2,126 cases or 5.51%
Never vaccinated 36,152 cases or 93.63%

NOTE.—Percentages based on 38,612 (number of histories).

CAMP SANITATION IS IMPORTANT

In a column published in the Pasadena Post, which bears the alluring title "Wood Smoke," Howard W. Hayes has the following to say about clean camps and stream pollution:

"Practically every spring and stream in the Angeles National Forest furnishes water for the domestic use of some one. Most of the ranches, cabins and open camps in the hills are supplied with water from springs and streams which may be used by the public.

"It is essential that the streams be kept clean. Wading or bathing or washing dishes in the streams in the forest is prohibited by one of the very few forest service rulings.

"When you are camping and have dirty dishes to wash, the best way to do the job is to heat water over your campfire and do the washing away from the stream. No matter how few dishes you may have, it gives a feeling of satisfaction to put them away thoroughly washed in hot water and with soap.

"Roughing it does not mean living and eating in dirt. It isn't necessary and in most instances you'll find that the camper who is good at getting along with few comforts in the hills makes the very best of the things at hand."

BIENNIAL REPORT ISSUED

The thirty-first biennial report of the California Department of Public Health has been received from the printer. This report covers departmental activities during the period July 1, 1928, to June 30, 1930.

ORANGE COUNTY TUBERCULOSIS ASSOCIATION ISSUES REPORT

The Orange County Tuberculosis and Health Association has issued its report for the year 1930 in printed form. The booklet recites the activities of the association in detail. This association is active in its efforts to control tuberculosis within the community and has achieved success in working with health departments, service club and welfare organizations. Amelia A. Meagher is the executive secretary of the association.

CHANGED HOUR FOR HEART COMMITTEE BROADCAST

The adoption of daylight saving time in eastern cities has necessitated a change in the hour of the radio broadcast sponsored by the Heart Committee of the San Francisco Tuberculosis Association. The new schedule is as follows:

KJBS Tuesday, 11.15–11.30 a.m.
KFRC Tuesday, 4–4.15 p.m.

MOSQUITO ABATEMENT DISTRICT AT TAFT

A new mosquito abatement district has been formed at Taft in Kern County. It covers an area of 600 square miles and is one of the largest such districts in the State. Earle W. Smith of Taft has been active in the organization and maintenance of the district.

The stomach is a slave that must accept everything that is given to it, but which avenges wrong as slyly as does the slave.—*Emil Souvestre.*

MORBIDITY*

Diphtheria.

88 cases of diphtheria have been reported, as follows: Oakland 2, Fresno County 6, Fresno 33, Kern County 1, Bakersfield 1, Los Angeles County 4, Los Angeles 22, Santa Monica 1, Madera 1, Sausalito 1, Grass Valley 1, Orange County 4, Santa Ana 1, Sacramento 1, San Diego 1, San Francisco 5, San Jose 1, Solano County 1, Tulare County 1.

Scarlet Fever.

147 cases of scarlet fever have been reported, as follows: Oakland 4, Fresno County 2, Fresno 3, Imperial County 2, Brawley 1, El Centro 3, Kern County 1, Kings County 1, Los Angeles County 10, Glendale 2, Huntington Park 4, Long Beach 3, Los Angeles 33, San Gabriel 1, Santa Monica 2, Whittier 1, South Gate 6, Monterey Park 1, Mendocino County 1, Orange County 1, Anaheim 2, Riverside County 9, San Diego County 1, La Mesa 1, National City 1, San Diego 1, San Francisco 8, San Joaquin County 6, Lodi 1, Stockton 2, Paso Robles 1, Redwood City 1, Santa Barbara 19, San Jose 3, Watsonville 2, Tulare County 2, Dinuba 1, Lindsay 1, Ventura County 1, Davis 2.

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[*] From reports received on May 11th and 12th for week ending May 9th.

Measles.

1309 cases of measles have been reported, as follows: Alameda County 13, Alameda 16, Albany 7, Berkeley 131, Emeryville 1, Hayward 2, Livermore 12, Oakland 69, Piedmont 13, Chico 6, Fresno County 62, Fresno 42, Reedley 2, Glenn County 1, Orland 2, Imperial County 2, El Centro 2, Kern County 40, Taft 1, Kings County 2, Los Angeles County 64, Alhambra 8; Beverly Hills 4, Burbank 8, Claremont 1, Compton 3, Glendale 32, Huntington Park 4, Long Beach 20, Los Angeles 146, Pomona 1, San Fernando 2, Santa Monica 3, South Pasadena 1, Whittier 2, Lynwood 1, South Gate 1, Bell 1, Gardena 1, Madera 8, San Rafael 2, Merced County 1, Gustine 12, Monterey County 27, Monterey 9, Salinas 24, Napa County 1, Orange County 21, Fullerton 1, Orange 5, Santa Ana 12, Laguna Beach 2, Placentia 15, Tustin 1, Plumas County 1, Riverside County 3, Riverside 18, Sacramento County 11, Sacramento 53, Colton 1, San Bernardino 1, San Diego County 38, Chula Vista 1, La Mesa 2, National City 29, San Diego 131, San Francisco 45, Stockton 6, San Luis Obispo County 10, Paso Robles 21, San Luis Obispo 4, San Mateo 3, Santa Clara County 13, Gilroy 4, Palo Alto 8, Stanislaus County 3, Visalia 1, Ventura County 12, Fillmore 1, Ventura 3, Yolo County 16.

Smallpox.

28 cases of smallpox have been reported, as follows: Oakland 2, Imperial County 3, Delano 1, Los Angeles County 3, Los Angeles 4, Salinas 2, Orange 2, Riverside County 3, Modesto 1, Tehama County 3, Tulare County 2, Yolo County 2.

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: Imperial County 2, Kings County 1, Los Angeles 2, Sacramento 1, San Diego County 1, Santa Clara 1.

Whooping Cough.

304 cases of whooping cough have been reported, as follows: Alameda County 1, Alameda 7, Albany 1, Berkeley 19, Oakland 25, Pittsurg 1, Los Angeles County 20, Alhambra 1, Burbank 1, Glendale 2, Long Beach 3, Los Angeles 30, Pomona 1, San Fernando 1, San Gabriel 1, Santa Monica 3, Whittier 1, Hawthorne 1, Maywood 1, Bell 1, Madera 11, San Rafael 1, Monterey 1, Santa Ana 2, Plumas County 7, Riverside 3, Sacramento 30, San Diego 14, San Francisco 41, San Joaquin County 11, Stockton 15, San Luis Obispo County 11, San Luis Obispo 3, Daly City 2, Redwood City 1, Santa Barbara 5, Santa Clara County 6, Palo Alto 8, San Jose 4, Santa Cruz 1, Stanislaus County 3, Woodland 3.

Meningitis (Epidemic).

6 cases of epidemic meningitis have been reported, as follows: Bakersfield 1, Los Angeles 1, Whittier 1, Sacramento 1, San Francisco 1, Tulare County 1.

Poliomyelitis.

Riverside reported one case of poliomyelitis.

Encephalitis (Epidemic).

San Francisco reported one case of epidemic encephalitis.

Jaundice (Epidemic).

San Fernando reported one case of epidemic jaundice.

Septic Sore Throat.

4 cases of septic sore throat have been reported, as follows: Glendale 1, Stockton 1, Santa Barbara 2.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending May 9 received by May 12	Week ending			Reports for week ending May 10 received by May 13
	April 18	April 25	May 2		April 19	April 26	May 3	
Chickenpox	631	511	574	401	361	516	474	336
Coccidioidal Granuloma	0	0	0	0	0	1	0	0
Diphtheria	52	60	82	88	48	52	47	55
Dysentery (Amoebic)	0	2	1	0	2	3	6	0
Dysentery (Bacillary)	0	4	7	4	0	4	5	0
Encephalitis (Epidemic)	0	1	2	1	0	2	4	0
Erysipelas	25	18	44	17	13	21	7	12
Food poisoning	14	11	0	0	2	3	21	0
German Measles	33	49	18	18	11	24	32	12
Gonococcus Infection	134	105	151	121	113	120	85	109
Hookworm	0	0	0	0	0	0	2	0
Influenza	78	277	89	55	18	22	18	22
Jaundice (Epidemic)	0	2	0	1	0	0	0	0
Leprosy	2	1	0	0	0	0	0	0
Malaria	2	0	0	0	1	0	3	2
Measles	1,492	1,579	1,393	1,309	1,851	2,614	2,254	2,114
Meningitis (Epidemic)	4	7	11	6	11	8	7	3
Mumps	348	359	274	295	534	762	816	708
Ophthalmia Neonatorum	1	0	0	0	0	0	0	0
Paratyphoid Fever	0	0	0	0	1	0	0	1
Pellagra	2	2	3	1	3	3	2	2
Pneumonia (Lobar)	57	34	104	54	40	54	127	49
Poliomyelitis	5	6	4	1	0	3	6	11
Rabies (Animal)	16	17	19	14	18	20	24	11
Rocky Mt. Sptd. Fever	0	0	0	0	0	0	3	0
Scarlet Fever	173	165	161	147	151	156	143	127
Smallpox	54	55	45	28	85	98	64	55
Syphilis	184	149	217	187	178	144	137	125
Tetanus	3	0	0	0	0	0	2	0
Trachoma	0	1	7	4	9	2	1	2
Trichinosis	0	0	0	0	4	2	4	0
Tuberculosis	251	202	257	186	254	188	270	201
Typhoid Fever	11	11	17	8	16	12	18	11
Undulant Fever	0	2	0	0	1	2	2	2
Whooping Cough	401	406	327	304	171	283	286	230
Septic Sore Throat	10	9	1	4	0	0	0	0
Totals	3,983	4,045	3,808	3,254	3,896	5,119	4,866	4,200

Most of the reportable diseases show reduced prevalence.

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Diphtheria is an exception; eighty-eight cases were reported last week.

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Influenza shows a further reduction.

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Rocky Mountain spotted fever, generally reported at this season, is very scarce.

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